

WHITE MOUNTAIN APACHE TRIBE REGIONAL PARTNERSHIP COUNCIL

FUNDING PLAN

July 1, 2009 – June 30, 2012

OVERVIEW OF THE THREE YEAR STRATEGIC DIRECTION

Section 1: Regional Needs and Assets

The White Mountain Apache Tribe Regional Partnership Council is responsible for creating a system for educational development and health in the region encompassed by the boundaries of the Fort Apache Indian Reservation, home of the White Mountain Apache Tribe. The region consists of approximately 1.6 million acres of some of the most pristine land in Arizona. According to the 2000 Census, there are approximately 12,377 people living in the region; 1,522 are children age zero to five. Similar to trends seen in other Native communities, the population is very young, which may be an effect of the increased number of teen pregnancies among the population.

Residents of the Fort Apache Indian Reservation tend to have lower incomes and a higher poverty rate than both the state and nation. According to the Bureau of Indian Affairs labor statistics, 51% of the labor force in the region is unemployed. Not only does the region's unemployment rate exceed both the state and nation's numbers, the number of single-parent households exceeds the state and nation with 39% being headed solely by a female and 8% solely by a male. In addition, 65% of grandparents in the region are the primary caregivers for children age zero to five. Both single-parent households and households where grandparents are the primary caregivers tend to have lower household incomes than households with two incomes.

According to the 2000 U.S. Census, there are 1,522 children ages birth through five living in the region. Currently, there are 10 child care providers including: two day care centers, one Head Start program, and seven special needs preschool classes run through the Whiteriver Unified School District. In total, these 10 programs have the capacity to serve 490 children, only 32% of the population of children birth through age five. As a result, a majority of parents of young children have to rely on family and friends to care for their children during working hours.

Historically, Native American adults and children tend to suffer greater health problems than the rest of the population. Annually, the Head Start program provides dental and health screenings for all children enrolled in the program. The 2007 Head Start screenings showed 79% of children age three to five had active dental disease and only 82% of those children with active dental disease received treatment. Of the children screened, 56% were considered overweight/obese for their age. This number far exceeds the Center for Disease Control's Healthy People 2010 target of 5% for childhood obesity. Any Native American residing in the region can access free healthcare through the Indian Health Service hospital in Whiteriver, Arizona. Unfortunately, patients must wait hours to be seen by a physician. If cases are severe, patients are sent to urban health care providers for more sophisticated treatment. Dental care at the Indian Health Service hospital focuses on triaging the most severe cases in the

community and places little emphasis on prevention. As a result, children and adults seeking routine cleanings or preventative care are usually last on the priority list.

Like other communities, system coordination is an area in need of improvement. Several agencies such as WIC, Head Start, Child Find and the local day care centers provide services to children age birth to five as well as their families. Unfortunately, these agencies have very little infrastructure to ensure ongoing communication between programs when providing services to the same children. As a result, parents and caregivers feel frustrated when requiring services from more than one agency. Coordination among agencies would help to streamline services for children and their families.

Language development is critical to ensuring children are ready to learn when entering kindergarten. The Whiteriver Unified School District conducts the Peabody Picture Vocabulary Test to determine if children in kindergarten are on track for language development. On average, children in the region are approximately two years behind benchmark in terms of their language development. This indicates that a five-year-old in kindergarten has the language capacity of a three-year-old. This makes learning difficult for the child and teaching difficult for the teacher. As a result, pre-kindergarten programs emphasizing language development are an essential asset to the community.

Although there are several areas where improvements could be made, the region has many assets that could prove beneficial in the development of an early childhood health and development system. First, the region places a large emphasis on the importance of family and, specifically, the extended family. The strong family network ensures most children are cared for by their close family members. This is a fundamental asset as the child grows and develops.

Second, there are many resources for new moms or parents of young children. The Indian Health Service provides training and classes for moms- and dads-to-be in a wide variety of areas. The Women, Infant, and Children (WIC) office also provides training and has a myriad of brochures for moms receiving services through the WIC office. In addition, other organizations such as the Tribal Day Care and the Child Find Program offer monthly seminars and trainings for parents of children receiving services from either department.

Lastly, there are many opportunities for continued education for child care providers. Northland Pioneer College, the local community college, provides classes in Whiteriver for community members. Additionally, Northern Arizona University has a satellite campus in Whiteriver that provides community members the opportunity to earn a bachelor's degree in early childhood development without having to relocate. Financial assistance is provided through the White Mountain Apache Tribe's Office of Higher Education. Tribal members qualify for \$5,000.00 annually in scholarships.

The White Mountain Apache Tribe Regional Partnership Council understands that to ensure children are able to succeed in school and in life; the gaps in services need to begin to close. The White Mountain Apache Tribe Regional Partnership Council will work to build on the existing regional assets to create a system that ensures all children age birth to five are healthy and ready to learn when they enter kindergarten.

Given the findings of the Regional Needs and Assets Report, the White Mountain Apache Tribe Regional Partnership Council has identified four major needs of children and families of children birth through five and has prioritized them based on availability of resources to currently meet those needs.

- 1) **Increased access to parent and provider training and/or education.** Given the high unemployment rates, high number of teen parents and the large number of children receiving child care from extended family networks, the White Mountain Apache Tribe Regional Partnership Council recognizes a significant need for providing services and information to those parents and child care providers who are not currently receiving the necessary support they need to ensure they are providing quality child care. As a result, the White Mountain Apache Tribe Regional Partnership Council's number one goal will be for increased family support.
- 2) **Children age 6 months through five years have very high rates of active dental disease.** As a result, there is a significant need for dental disease prevention for young children in the community. Like most other Native American communities, people residing on the Fort Apache Indian Reservation have much higher incidences and rates of chronic diseases. Since a majority of children who receive dental screenings through the Head Start program have active dental disease, the White Mountain Apache Tribe Regional Partnership Council has determined this is an area where a significant amount of good can be done in a short amount of time with the limited funds that are available. Other health problems in the community exist but given the affect persistent dental disease has on a child's ability to concentrate and participate in the learning process while in child care, pre-school and onto kindergarten, the White Mountain Apache Tribe Regional Partnership Council has placed high priority on preventive dental care.
- 3) **Lack of language and literacy-rich environments for children birth through five to grow and develop.** The White Mountain Apache Tribe Regional Needs and Assets Report revealed that children are, on average, two years behind in language and vocabulary development by the time they enter kindergarten (Peabody Picture Vocabulary Test Scores for 2007). As a result, teachers must spend a majority of their time getting their students caught up rather than helping the child progress in his/her educational development. As a result, the White Mountain Apache Tribe Regional Partnership Council feels that every child needs to be prepared, in terms of language and vocabulary development, when they enter kindergarten so that the child does not have to play catch-up from the first day he/she enters a formal classroom setting. The goal for language and literacy development in this region will be for "First Things First to increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families." By addressing

this particular need, the White Mountain Apache Tribe Regional Partnership Council hopes to bring children closer to being ready to learn when they enter kindergarten.

- 4) **Increased participation in the U.S. Census for future funding opportunities and increased awareness about First Things First and early childhood development in the region.** Like other areas in the state, up until now very little emphasis has been placed on creating a comprehensive early childhood system. In order to promote the vision and mission of First Things First as well as highlight the importance of investing in children while they are young, the White Mountain Apache Tribe Regional Partnership Council will create strategies that will not only build awareness but will also foster political will for early childhood initiatives within the region. Additionally, the White Mountain Apache Tribe Regional Partnership Council identified a significant need for increased census participation throughout the region. Historically, Native American groups have been resistant to participating in the census yet a majority of federal and state funding comes directly from census numbers. As a result, the White Mountain Apache Tribe Regional Partnership Council will expand efforts to increase public awareness of early childhood development and health efforts as well as increase involvement in the U.S. Census among the target population.

Section 2: Prioritized Goals and Key Measures

Priority 1: Family Support

Need: Increased access to parent and provider training and/or education

Goal #11: *FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal growth.*

Key Measure(s) Utilized:

- 1) Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health
- 2) Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health and well-being

Priority 2: Dental Disease Prevention

Need: Children zero to five have high rates of dental disease; therefore, the need is to reduce the incidence of dental disease among children zero to five years old.

Goal #4: *FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.*

Key Measure(s) Utilized:

- 1) Total number and percentage of children receiving appropriate and timely oral health visits

Priority 3: Language and Literacy Development

Need: Lack of language- and literacy-rich environments for children zero to five to be able to grow and develop

Goal #12: *FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.*

Key Measure(s) Utilized:

- 1) Percentage of families with children birth through age five who report they maintain language- and literacy-rich home environments (e.g. children hear language throughout

the day, children have opportunities for listening and talking with family members, books and other literacy tools and materials are available and accessible to children)

- 2) Percentage of families with children birth through five who report reading to their children daily in their primary language

Priority 4: Community Awareness and Increased Census Participation

Need: Increased participation in the U.S. Census for future funding opportunities and increased awareness about FTF and early childhood development in the region

Goal #15: *FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.*

Key Measure(s) Utilized:

- 1) The percentage of Arizonans who report that early childhood development and health issues are important

Section 3: Strategy Selection

In order to meet the needs of the community as well as the priorities of the White Mountain Apache Tribe Regional Partnership Council, four primary strategies have been developed. The Family Support strategy will seek to create increased access to resources and trainings for parents and relative care providers to increase their confidence in their ability to care for their children. Additionally, the Language and Literacy Development strategy will aim to provide concentrated efforts focused on improving the environments and engagement activities for parents and children in order to stimulate language and literacy. Grantees participating in either of these strategies will also be participants in a Family Support Consortium that will address ongoing collaboration, coordination and alignment of services in the region.

Strategy 2 will focus on Dental Disease Prevention through a dental varnish program to reduce the number of children birth through age five that have active dental disease, while Strategy 4 will create more public awareness regarding early childhood development as well as help increase the number of community members who are participating in the U.S. Census.

The following strategies, which have been identified in order to address the goals and key measures, are as follows:

Identified Need	Goal	Key Measures	Strategy
Increased access to parent/provider training or education	Goal #11: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development	<ul style="list-style-type: none"> - Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health - Percentage of families with children birth through five who report they are competent and confident about their ability to support their child's safety, health, 	<p>Collaborate with family support and education programs to expand services to include the development, enhancement, or implementation of home visiting programs</p> <p>Expand existing services of federal, state and community agencies to provide resources, seminars and hands-on training to improve knowledge and understanding of basic parenting/care giving skills</p> <p>Providers participating in</p>

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		and well-being	this strategy will be required to participate in monthly family support consortium meetings to share ideas as well as collaborate on new projects/programs.
Children zero to age five have high rates of dental disease; therefore, the need is to reduce the incidence of dental disease among children zero to five years old.	Goal #4: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.	- Total number and percentage of children receiving appropriate and timely oral health visits.	<p>Increase children's access to preventative dental health care</p> <p>Provide oral health screening by a trained oral health provider to identify oral health needs, apply varnish, and refer for follow-up treatment as indicated for children 6 months through 5 years.</p> <p>Continue to apply fluoride varnish during the first year according to clinical guidelines (every 3-4 months) as teeth begin to erupt</p> <p>Provide oral health and information about nutrition through informational brochures/kits to parents and/or guardians bringing children in for oral screenings</p> <p>Specifically collaborate with the WIC Department in order to reach a large proportion of children</p> <p>This expansion of services includes, but is not limited to, hosting clinics at various</p>

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			community buildings; attending community health fairs to provide screenings; visiting day cares, Head Start and other home-based centers to provide services.
<p>Lack of language- and literacy-rich environments for children zero to age five to grow and develop</p> <p>Lack of adequate training and opportunities for parents to engage their children in language and literacy development</p>	<p>Goal #12: FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.</p>	<ul style="list-style-type: none"> - Percentage of families with children birth through age five, who report they maintain language- and literacy-rich home environments (e.g. children hear language throughout the day, children have opportunities for listening and talking with family members, books and other literacy tools and materials are available and accessible to children) - Percentage of families with children birth through age five, who report reading to their children daily in their primary language 	<p>Develop literacy-rich environments to promote language and literacy development for children birth to five years old</p> <p>Expand availability of materials for children that are written in their native language</p> <p>Provide information and tools necessary for providers to engage in language and literacy development for children ages birth to five</p> <p>Provide opportunities for parents and/or providers to engage in language and literacy activities in the child's native language</p> <p>All grantees participating in this strategy will also be required to participate in the monthly Family Support Consortium meetings.</p>
<p>Increased awareness about FTF and early childhood development in the region</p> <p>Increased participation in</p>	<p>Goal #15: FTF will expand public awareness of, and financial and political support for, early childhood development and health efforts in Arizona.</p>	<ul style="list-style-type: none"> - Percentage of Arizonans who report that early childhood development and health issues are important 	<p>Increase concentrated efforts to support education and awareness regarding early childhood:</p> <ul style="list-style-type: none"> - Annual Early Childhood and Health Conference, which would include presentations, booths,

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the U.S. Census for future funding opportunities			<p>exhibits by all members of the Family Support Consortium</p> <p>- Sponsor a booth at the Annual Fair and Rodeo regarding early childhood health and development in the region along with FTF information and resources.</p> <p>- Submit public service announcements and articles to the local radio station and newspaper to promote FTF and early childhood initiatives</p> <p>Collaborate with federal, state, tribal, and community agencies to promote increased participation in the U.S. Census, which could include educational materials regarding census participation, hiring local community members to go door to door to help community members complete the census, and other strategies as outlined by the grantee</p>
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STRATEGY 1: Expanding home-visiting and seminars and trainings to increase parent and relative care knowledge about basic parenting /care giving skills

After completion of the Regional Needs and Assets Report, it was found that only 32% of children birth through age five in the region were enrolled in any type of regulated child care. As a result, 68% of children in the region rely on parents, other relatives or family and friends for their care. Currently, many of the early childhood programs provide training and home visiting but only for those families who have children enrolled with their programs. This means that only 32% of families have access to any type of early childhood or parent training.

Given the high proportion of children relying on relatives or friends for care coupled with the high numbers of teen pregnancies per year, the White Mountain Apache Tribe Regional Partnership Council will work to increase family support by increasing the access and availability of training to extend to those parents and relative providers in the community who do not have access through other early childhood programs. Increased access will happen through two potential mechanisms.

- 1) The White Mountain Apache Tribe Regional Partnership Council will collaborate with family support and education programs to expand services to include the development, enhancement, or implementation of home visiting programs; provide parents, families, and other primary caregivers with coaching and other direct service techniques to inform and educate on the topics of child development and emergent language and literacy development.

A child's home is the first and most important learning environment for that child, and parents are their child's most influential teachers. Home visitation delivers parent education and family support services directly to parents with young children, providing guidance on how parents can enhance their children's development from birth through kindergarten entry. Home visitation is an effective, research-based and cost-efficient way to bring families and resources together to ensure that children grow up healthy and ready to learn.¹

A person trained in child development (professional or paraprofessional) makes regular, scheduled visits to homes or other natural environments such as the library or other public

community centers (with infants or young children or families expecting a child), to answer questions, provide information and resources, assist parents in their parenting or provide early detection of any developmental problems in the children.

Home visiting is voluntary, with no fee for service to families. This strategy will be a family-centered approach, which considers a child's present level of development, parent/family knowledge and understanding of child development, current parenting practices, daily routines and interactions, etc.

- 2) The White Mountain Apache Tribe Regional Partnership Council will work to expand existing services of federal, state, tribal, and community agencies to provide research-based resources, seminars and hands-on training to improve knowledge and understanding of basic parenting/care giving skills to include members of the target population who currently do not have access to such resources. In order to address the distinct geographic needs of the region, the White Mountain Apache Tribe Regional Partnership Council will invite potential grantees to submit a variety of proposals to enhance family support that are both evidence-based and relevant to the community served. Preference will be given to approaches that are evidence-based and to applicants who can demonstrate positive outcomes for our most vulnerable and/or disenfranchised families.

Although home-visiting models have been proven to be efficacious in the dissemination and information to parents of young children, very little research has been done to show the efficacy of parent trainings and workshops on early childhood development as a whole. However, research has been conducted in specific areas related promoting the health and safety of children by increasing the knowledge base of the families of those children. In several studies regarding toddler obesity, motor vehicle restraint usage, and increasing father participation in the child-raising process, group sessions, seminars and trainings are all shown to be effective modes of service delivery to address the particular needs of the parents and children.^{2,3,4,5} Additionally, the Johns Hopkins Center for American Indian Health is working to expand its research-based Family Spirit Project to tribally run Head Start centers in order to provide the proven curriculum to parents of children enrolled in Head Start.⁶ This project is both unique and exciting for this region in that all of the research of the curriculum was done in partnership with the White Mountain Apache Tribe. All of these studies have proven that targeting specific populations with specific information about child health, safety and development can be effectively delivered via trainings and workshops for the parents and providers.

In order to help ensure collaboration and alignment in the region among organizations providing family support, all grantees awarded under this strategy will be required to participate in a newly formed Family Support Consortium. The Family Support Consortium will meet a minimum of once a month in order to share information as well as to continue building a system that will enhance services and not duplicate them. The Family Support Consortium will be instrumental in preventing the duplication of services while being able to maximize all funding to its fullest potential. Consistent lack of participation in the Family Support Consortium by any one provider could jeopardize future funding opportunities through First Things First and the White Mountain Apache Tribe Regional Partnership Council.

Research Notes:

- ¹ (2008) "Evidence-Based Early Childhood Home Visitation Programs" www.homevisitingcoalition.org
- ² (2008) "The lack of Motor Vehicle Occupant Restraint use In Children Arriving at School", J Sch Health, May; 78(5): 274-9
- ³ (2008) "Enhancing Parenting Practices of At-Risk Mothers", J Prim Prev, May; 29(3): 223-42
- ⁴ (2008) "Tackling Toddler Obesity Through a Pilot Community-Based Family Intervention", Community Pract., Jan; 81(1): 28-31
- ⁵ (2006) "'Wanting to be a Good Father': Experience of Adolescent Fathers of Mexican Descent in a Teen Fathers' Program", J Marital Fam Ther., Apr; 32(2): 215-31
- ⁶ (2008) "Family Spirit Project- Outreach to Young Families" www.jhsph.edu/caih

Primary Goal: FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information and resources to support their child's optimal development.

Key Measure(s):

1. Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health
2. Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being

Target Population:

- 1) Teen Parents
- 2) First-Time Parents
- 3) Relatives Raising and/or Caring for Young Children

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	310 Parents (30% of total target population)	413 Parents (40% of total target population)	516 Parents (50% of total target population)
Performance Measures 2009-2011			
1. Number of people in attendance per event			
2. Number of events held per year per program/department funded			
3. Number of event attendees completing a pre- and post-questionnaire			
4. Number of families participating in a home-visiting program			
5. Frequency of home visits			
6. Pre- and Post-questionnaires for families participating in the home-visiting model			
How is this strategy building on the service network that currently exists: The proposed strategy will not require an agency to start up new programming since many of the federal and tribal departments already offer trainings and seminars. However, this strategy would be bolstering the current training opportunities to expand to members of the population that currently do not fall under their scope of work or budget constraints.			
What are the opportunities for collaboration and alignment: Given the fact that funded programs and agencies would be required to participate in a Family Support Consortium, there would be increased opportunity to collaborate on projects and services being offered. The way the strategy is outlined, programs and agencies could partner with other existing programs and agencies to seek First Things First funds as well as other outside funds to expand and eventually sustain the home-visiting or training models that could be implemented through this strategy.			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed strategy	\$ 159,000.00		
Budget Justification: The cost per strategy will vary depending on the current capacity of each grantee. However, a			

general break-down of annual expenses is provided below but is subject to change:

- Home Visiting: 20% of families in the target population= \$93,000.00

Justification: The annual amount was determined by providing home-visiting services for approximately 310 families at a cost of \$1,500 per family.

- Monthly Trainings and Seminars: \$20,000.00

Justification: Even through trainings and seminars are able to reach a larger amount of families at a given time, the cost to operate a training or seminar is less than home-visitation.

- Materials and Supplies: \$46,000.00

Justification: The annual amount was determined by estimating costs of \$150.00 per family for 310 families in Year 1.

STRATEGY 2: Reduction of dental disease among children ages 6 months through 5 years by providing dental varnish and nutrition/health information

In a recent Indian Health Services Health Notes, December 2007, Early Childhood Caries (ECC) afflicts American Indian/Alaska Native children at an alarming rate. Early Childhood Caries often leads to continuing health problems such as pain, difficulty with chewing, speech issues, and the risk of dental infection throughout the body. An observational study conducted in a rural reservation community supports the effectiveness of fluoride varnish when applied to young children during their well-child visits. The study further indicated that “four or more applications of fluoride varnish in early childhood can reduce the burden of dental carries in a very high-risk population of children.”¹ Other research studies report that the fluoride varnish treatment coupled with caregiver (parent/family) counseling on the benefits of fluoride and the importance of early dental health is effective in reducing early childhood incidences.²

Children screened through the local Head Start in the White Mountain Apache Region experience high rates of dental disease with 76% of the children being screened showing active dental disease. As a result, the White Mountain Apache Tribe Regional Partnership Council will work to prevent active dental disease in the population of children age six months through five years by increasing access to preventative dental care. This would be accomplished in a three-year roll out with each year’s strategy characteristics listed below:

Year 1: A trained oral health provider will provide oral screenings, apply varnish, and refer for

follow-up treatment (if applicable) children outlined in the target population. In addition, the oral health provider will be responsible for obtaining and disseminating information to parents/relative care givers regarding oral health as well as the importance of good nutrition to maintain good oral health.

The oral health provider will continue to provide varnish during Year 1 according to clinical guidelines (every 3-4 months) as teeth begin to erupt. An important element in the implementation of this strategy will be the partnership of the provider with the local WIC Department. The WIC Department provides services to 93% of infants and sees as reduction of participation by the child's first birthday to 65%. However, the provider should also provide services to those children falling within the target population who might not be WIC clients.

Year 2: The oral health care provider will expand Year 1 services to serve approximately 60% of children age six months through five years. Year 2 could see expansion of services from the WIC Department into local communities through the community centers, churches or other venues determined appropriate by the oral health care provider.

Year 3: The third year of funding will be increased in order to meet approximately 75% of the population of children six months through five years. As in Year 2, the oral health care provider should now be providing services at the local WIC Department as well as throughout various communities.

For all three years, this expansion of services includes but is not limited to:

- Hosting clinics at various sites throughout the region
- Attending community health fairs to provide screenings
- Visiting day cares, Head Start and other home-based centers to provide services

By expanding access to adequate preventative dental care, the White Mountain Apache Tribe Regional Partnership Council hopes to reduce the amount of active dental disease that is identified at the Annual Head Start screening. In addition, by providing preventative dental care on a regular basis for children in the target population, the White Mountain Apache Tribe Regional Partnership Council hopes to ensure more children are being referred in a timely manner for those emergent dental needs that might only be caught at the Annual Head Start screening.

Research Notes:

¹ Holve S. "An Observation Study of the Association of Fluoride Varnish Applied During Well-Child Visits and the

<p>Prevention of Early Childhood Caries in American Indian Children.” <i>Maternal Child Health J.</i> Oct 24, 2007.</p> <p>² <u>Lewis C, H. Lynch and L. Richardson.</u> “Fluoride Varnish Efficacy in Preventing Early Childhood Carries.” <i>Pediatrics J.</i> February 2005</p>			
<p>Primary Goal: First Things First will collaborate with existing Arizona early childhood health care systems to improve children’s access to quality health care.</p>			
<p>Key Measure(s):</p> <p>1. Total number and percentage of children receiving appropriate and timely oral health visits</p>			
<p>Target Population: All children six months through age five; the emphasis would be on prevention and referral would not be targeting those children being seen by a dentist for the treatment of dental disease.</p>			
<p>Proposed Service Numbers</p>	<p>SFY2010</p> <p>July 1, 2009 - June 30, 2010</p>	<p>SFY2011</p> <p>July 1, 2010 – June 30, 2011</p>	<p>SFY2012</p> <p>July 1, 2011 - June 30, 2012</p>
	<p>457 children (30% of target population)</p>	<p>609 children (40% of target population)</p>	<p>761 children (50% of target population)</p>
<p>Performance Measures 2009-2011</p>			
<p>1. Number of children screened per month (by age group)</p>			
<p>2. Number of children receiving dental varnish (by age group)</p>			
<p>3. Number of children who have “perfect” teeth (by age group)*</p>			
<p>4. Number of children with active dental disease (by age group)</p>			
<p>5. Number of children referred for immediate dental treatment (by age group)</p>			
<p>* “Perfect ” teeth as defined by the Indian Health Service Dental Department.</p>			

How is this strategy building on the service network that currently exists:

Currently, the Indian Health Service Dental Department provides screenings for those children who are interested in enrolling in the local Head Start program. However, children not screened through Head Start do not have access to an oral health screening. There are no programs in the region that provide a varnish program to address preventing dental disease among children birth through age three. Most children only see an Indian Health Service dentist for treatment of dental disease or oral carries.

What are the opportunities for collaboration and alignment:

There are several opportunities for collaboration and alignment for this strategy. First, the WIC Department has agreed to partner with the oral health provider in order to ensure the provider has an office space from which to operate in Funding Year 1. Additionally, this strategy could potentially partner with the Navajo County Oral Health Department to provide some of the services. Lastly, the Indian Health Service could be a potential partner in the referral, and eventually the reporting process, for those children in need of immediate dental care for existing dental disease or dental carries.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy

\$ 75,000.00

Budget Justification:

- Salary and ERE for a part-time oral health provider: \$45,000.00

Justification: Currently there are only five dentists providing services to the entire region of approximately 20,000 people. Additionally, there are no dental hygienists providing services in the region. In order to effectively implement this strategy among the target population, a part-time oral health provider would be needed in order to see the number of children estimated for Year 1. The average salary for a trained oral health provider ranges from \$66,000 - \$75,000 annually with an additional 20% of the salary being added for ERE.

- Cost of Varnish and other oral health supplies: \$4,000.00

Justification: Other strategies that outline dental varnish as an effective means of prevention outline the cost of varnish and other screening-related supplies at approximately \$5.00 per child.

- Mileage reimbursement to travel to various sites throughout the region: \$8,500.00

Justification: Given the fact that our region is very rural, travel would be a must for this strategy. For a part-time oral health provider to be in the region a minimum of twice a week, the approximate mileage per year would come to 9600 miles, which would translate into \$11.00 per child per year.

- Informational/Educational Materials: \$4,000.00

Justification: Oral health and nutrition information/materials are going to be a large component in ensuring that children continue to receive preventative oral health care as well as treatment for any existing oral health needs. Because there are some materials available free of charge through Delta Dental, the cost is approximated at \$5.00 per child per year.

- Administrative Costs: \$7,100.00

Justification: This strategy will require administrative oversight that would not typically be done by an oral health provider (i.e. data collection, reporting, dissemination of information, etc.). As a result, this amount was determined by estimating an administrative assistant's time, who would spend approximately a quarter of his/her time with data collection, reporting and other duties, which comes to approximately \$9.25/child/year.

STRATEGY 3: Increasing Access and Availability of Early Language and Literacy Development Opportunities

The first three years of life are a period of incredible growth in all areas of a baby's development. A newborn's brain is about 25 percent of its approximate adult weight. By age three, it has grown dramatically by producing billions of cells and hundreds of trillions of connections, or synapses, between these cells. While we know that the development of a young child's brain takes years to complete, we also know there are many things parents and caregivers can do to assist children to get off to a good start and establish healthy patterns for life-long learning.¹

Historically children in the region entering kindergarten are at least two years behind in their language and literacy development based on the Peabody Picture Vocabulary Test. This means that a five-year-old child in the region only has a language and literacy base of a three-year-old child when he/she enters the formal school system. As a result, the child begins school with a deficit and struggles to progress at a normal rate through the rest of his/her educational years.

Given this, the White Mountain Apache Tribe Regional Partnership Council will work to expand the capacity of early language and literacy programs to provide supports and services to young children and their families. This strategy, conceptualized around the needs and concerns of the family, is in contrast to serving individual family members in isolation. In order to do this effectively, the provider must:

- Understand the parent's literacy strengths and reinforce their knowledge and skills
- Provide an opportunity for adults and children to reflect on literacy practices in their daily lives
- Recognize the literacy history of the parents
- Consider socio-cultural context: Children's experiences with the world greatly influence their ability to comprehend what they read
- Accommodations and adaptations should be made for children and adults with special needs or disabilities

Oral language is the foundation for literacy development in young children. Given that the White Mountain Apache people have an oral tradition rather than a written tradition, the provider should seek to implement traditional storytelling and sharing of information in order to lay the foundation for literacy development. Additionally children's early experiences with books and print greatly influence their ability to comprehend what they read. As a result, the provider will be required to provide resources to families that will enable them to engage their child with books and print media while in the home or other relative care settings. Also, learning to read and write starts long before first grade and has long-lasting effects. Knowing this, the provider will need to supply resources to families to ensure that children have the

opportunity to read and write in their natural settings. This can include supplying families with books, crayons, drawing pads, pencils, etc., to encourage reading and writing.

Language and literacy development is not limited to a child having the resources to read and write (i.e. books, pencils, crayons, etc.) but also requires the exchange of knowledge and information between the adult and the child. In other words, this strategy will also include activities for adults and children to engage in activities related to language. This can be done through shared dialogue between the adult and the child while responding to the interests of both of the participants.

Since language and literacy goes hand-in-hand with family support, providers funded under this strategy will also be required to participate in the Family Support Consortium. By being a part of the Consortium, language and literacy grantees will be able to develop networks for future collaboration of services and will avoid duplication of current services offered. Additionally, the Family Support Consortium will serve as a mechanism by which grantees can track the number of families that are receiving services and how to best reach those families who are not utilizing available programming.

In order to address the distinct geographic needs of the region, the White Mountain Apache Tribe Regional Partnership Council will invite potential grantees to submit a variety of proposals to enhance language and literacy development that are both evidence-based and relevant to the needs of the community. Preference will be given to those approaches that are research-based and can demonstrate positive outcomes for children and their families.

Research Notes:

¹ (2003) "Early Literacy" www.zerotothree.org/BrainWonders

² (2008) "Talking to Children: Why Some Mothers Do It More" *FGP Snapshot #53 May 2008* University of North Carolina Frank Porter Graham Child Development Institute

³ Dunst, Carl J., et. al. (2006) "Framework for Developing Evidence-Based Early Literacy Learning Practices" *CELLpapers Volume 1 Number 1*. Center for Early Literacy Learning

⁴ Pappano, Laura (2008) "The Power of Family Conversation" *Harvard Education Letter*

⁵ Strickland, Dorothy and Riley-Ayers, Shannon (2006) "Early Literacy: Policy and Practice in the Preschool Years" www.readingrockets.org

⁶ Caspe, Margaret (2003) "Family Literacy: A Review of Programs and Critical Perspectives" www.hfrp.org Harvard Family Research Project

⁷ Roskos, Kathleen A., Christie, James F., and Richgels, Donald J. (2003) "The Essentials of Early Literacy Instruction" www.naeyc.org National Association for the Education of Young Children

⁸ Kinch, Amy and Azer, Sheri L. (2002) "Promoting Early Childhood Literacy: A Highlight of State's Efforts" www.naeyc.org National Association for the Education of Young Children

⁹ Bodrova, Elena, et.al. (2000) "A Framework for Early Literacy Instruction: Aligning Standards to Developmental Accomplishments and Student Behaviors" www.mcrcel.org Mid-continent Research for Education and Learning

Primary Goal: First Things First will increase the availability, quality and diversity of relevant

resources that support language and literacy development for young children and their families.			
Key Measure(s): <ol style="list-style-type: none"> 1) Percentage of families with children birth through age five who report they maintain language- and literacy-rich home environments (e.g. children hear language throughout the day, children have opportunities for listening and talking with family members, books and other literacy tools and materials are available and accessible to children) 2) Percentage of families with children birth through age five who report reading to their children daily in their primary language 			
Target Population: Parents and extended family networks providing child care services for all children age birth through five			
Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	155 Families (30% of total target population)	206 Families (40% of total target population)	259 Families (50% of total target population)
Performance Measures 2009-2011			
1. Number of families receiving support to create literacy-rich environments			
2. Number of programs offered per month to engage in literacy/language development			
3. Number of parents/providers attending literacy-engagement programs			
4. Pre- and Post-questionnaire for parents/providers participating in programs			
How is this strategy building on the service network that currently exists: Currently, there are two programs in the community that could specifically be identified as providing language- and literacy-based activities—the Baby Face Program and the Local Public Library. However, these programs are insufficient, with their current funding, to reach the target population. There have been several early childhood development programs that have			

expressed interest in the past in developing language and literacy programs for parents but lack adequate resources to do so. As such, this strategy will provide the increased resources to begin to address the gap in language and literacy for children birth through age five.

What are the opportunities for collaboration and alignment:

Since there are only two programs currently in existence in the community, which provide literacy programming, collaboration between these two programs would be essential to ensure the success of this strategy. However, new programs will need to be pulled into collaboration as part of a system rather than operating as individual programs. Given this, genuine collaboration might not begin taking shape until Years 2 and 3.

Additionally, the White Mountain Apache Tribe Regional Partnership Council will work with the local school districts to determine whether or not the proposed strategy is having an impact on the test scores for children entering kindergarten.

SFY2010 Expenditure Plan for Proposed Strategy (How much of the total allocation will go to this strategy)

Population-based Allocation for proposed strategy	\$ 129,000.00
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Budget Justification:

The cost per strategy will vary depending on the current capacity of each grantee. However, broad budget amounts are provided below and are subject to change:

- Language and Literacy Materials: \$31,000.00

Justification: Funding amount based on 155 families at \$200 per family for materials and supplies

- Events/Learning Opportunities: \$72,000.00

Justification: A majority of the costs for this strategy will result from the actual events and learning opportunities that are provided by the departments and agencies.

- Staff Training: \$13,000.00

Justification: Knowing that staff might require advanced training before a new curriculum or program can be implemented, approximately 10% of the annual allocation will go toward staff training.

- Administrative Costs: \$13,000

Justification: Similar to the staff training, a small proportion of the annual budget (10%) will be allocated for administrative costs for departments and agencies to implement expanded programs and services.

STRATEGY 4: Increasing Public Awareness about Early Childhood Health and Development as well as Increasing U.S. Census Participation

The White Mountain Apache Region is isolated not only in geography but in the types of communications that reach into the community. Currently the region supports one newspaper, *The Apache Scout*, and one radio station, KNNB-Apache Radio. These forms of communication serve as the Region's primary source of information gathering. In addition, many programs and agencies participate in local events to promote awareness about the services and information they can provide to the community. Two types of events that tend to have the largest response from community members are: 1) local conferences addressing various health and well-being issues about the Region; 2) the Annual Tribal Fair and Rodeo where programs and agencies have the opportunity to share information with almost all members of the population during one weekend.

As a result, the White Mountain Apache Tribe Regional Partnership Council will invest in participation in three specific types of community outreach. The first means of outreach, which will be unfunded but highly effective, will be monthly article submissions to *The Apache Scout* regarding early childhood development as well as how First Things First is helping to expand services throughout the Region. These duties will be the responsibility of the Regional Coordinator and the White Mountain Apache Tribe Regional Partnership Council.

The two community outreach activities that will be allocated funding will be the sponsorship of an Annual Early Childhood Development Conference and hosting an informational booth at the Annual Tribal Fair and Rodeo. The Annual Early Childhood Development Conference will require the grantee to coordinate all members of the Family Support Consortium to provide key-note speakers, break-out sessions and informational booths and tables regarding expanded programs in the community targeting early childhood development. The Annual

Conference will be open to all members of the public and will be free of charge in order to increase participation at the event. The White Mountain Apache Tribe Regional Partnership Council will also allocate a small amount of funds to support a booth at the Annual Fair and Rodeo. The booth will be designed to provide information about early childhood development as well as the work that First Things First is promoting in the Region and throughout the state.

Historically, Native American's have been reluctant to participate in the U.S. Census and, as such, are grossly underestimated in the census counts. Given the fact that many programs within the Region rely on census information for funding, the White Mountain Apache Tribe Regional Partnership Council plans to encourage increased participation in the U.S. Census. This will not only benefit services being brought into the community to enhance early childhood programs and services but will benefit the Tribe, as a whole, by having more accurate representation as citizens of the United States.

Increased census participation will happen by collaborating with federal, state, tribal and community agencies, through efforts such as: educational materials regarding census participation, hiring local community members to go door to door to help community members complete the census, incentives for participation, or other strategies as outlined by the grantee.

Primary Goal: First Things First will expand public awareness of, and financial support for, early childhood development and health efforts in Arizona.

Key Measure(s):

1. Percentage of Arizonans who report that early childhood development and health issues are important

Target Population: Given the broad scope of this strategy, the intended target populations will be:

- 1) Child Care Providers
- 2) Parents
- 3) Tribal Government Officials

Proposed Service Numbers	SFY2010 July 1, 2009 -	SFY2011	SFY2012
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	June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	350 Families	400 Families	300 Families
Performance Measures 2009-2011			
1. Attendance at Annual Early Childhood Conference			
2. Number of articles submitted and posted per month			
3. Number of public service announcements produced per month			
4. Number of people participating in the U.S. Census within the region			
How is this strategy building on the service network that currently exists: The FCCLA Club is organizing an Early Childhood conference for early 2009 and could be a potential resource for future collaboration in subsequent. Additionally, the Tribal Planning Department is responsible for completing the U.S. Census enrollment for the region. As a result, First Things First could utilize these current services to expand and increase involvement in the U.S. Census.			
What are the opportunities for collaboration and alignment: This strategy allows for an extensive collaboration/alignment within the community in several ways. <ol style="list-style-type: none"> 1) The Annual Early Childhood and Health Conference will utilize all of the programs providing expanded services with First Things First funds. Not only will this allow providers to network with one another, it will allow the community a more comprehensive understanding of early childhood development and health. 2) Collaboration with the high school FCCLA Club will not only provide a great resource for event planning but also an increased amount of professional mentorship between the students and the current providers in the community. 3) By utilizing the free services of the local newspaper and radio station, First Things First can begin sending a unified message to the general community, at large, by providing increased awareness about early childhood initiatives. 4) Partnership with the Tribal Planning Department could allow streamlining for Census participation. Additionally, the strategy could expand to provide information materials regarding early childhood development and health while the community members are completing the Census. 			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed strategy	\$ 18,500.00		

Budget Justification:

Funds will be allocated per portion of each strategy, which could go out for competitive RFGA or taken on by the White Mountain Apache Tribe Regional Partnership Council.

- Early Childhood and Health Conference: \$7,000- \$8,000

Justification: Costs were estimated at \$23.00 per family serving approximately 350 families annually.

- 1) \$300: Annual Tribal Fair and Rodeo Booth

Justification: Cost estimate based on a \$50.00 booth rental and \$250.00 for supplies for decoration and dissemination during the Fair and Rodeo.

- 2) \$10,000: Increased U.S. Census Participation

Justification: Allocated amount is based on intensive outreach, awareness and mobilization efforts prior to the 2010 U.S. Census.

Section IV: Summary Financial Table for SFY 2010 (July 1, 2009-June 30, 2010)

Revenue	
Population Based Allocation SFY2010	\$426,450
Expenditure Plan for SFY2010 Allocation	
Strategy 1: Family Support	\$159,000
Strategy 2: Dental Disease Prevention	\$ 75,000
Strategy 3: Language and Literacy Development	\$129,000
Strategy 4: Community Awareness and Increased Census Participation	\$ 18,500
Regional Needs & Assets (if applicable)	\$ 15,000
Subtotal of Expenditures	\$396,500
Fund Balance (undistributed regional allocation in SFY2010)*	\$ 29,946
Grand Total (Add Subtotal and Fund Balance)	\$426,444
<p>*Fund Balance Justification:</p> <p>The White Mountain Apache Tribe Regional Partnership Council has opted to create an annual fund balance of approximately 7% of the annual regional budget so that services for Strategy 2: Dental Disease Prevention can be expanded during Fiscal Years 2011 and 2012.</p> <p>Additionally, given the likelihood that regional allocations may not increase in</p>	

subsequent years, the current market conditions and the potential of seeing increased children and families wanting to participate in expanded services, the White Mountain Apache Tribe Regional Partnership Council will continue the 7% fund balance in order to ensure funding amounts are not cut in future years.

Section V: Building the Early Childhood System and Sustainability – Three Year Expenditure Plan: July 1, 2010 through June 30, 2012

Revenue	FY 2010	FY 2011 (estimated)	FY 2012 (estimated)	Total
Population Based Allocation	\$426,450	\$426,450	\$426,450	\$1,279,350
Fund Balance (carry forward from previous SFY)	N/A	\$ 29,946	\$ 23,594	
Expenditure Plan	FY 2010	FY 2011	FY 2012	Total
Strategy 1: Family Support	\$159,000	\$174,900	\$192,390	\$526,290
Strategy 2: Dental Disease Prevention	\$ 75,000	\$ 82,500	\$ 95,700	\$253,200
Strategy 3: Language and Literacy Development	\$129,000	\$141,900	\$156,090	\$426,990
Strategy 4 : Community Awareness and Increased Census Participation	\$ 18,500	\$ 18,500	\$ 18,500	\$55,500
Regional Needs & Assets	\$ 15,000	\$ 15,000	\$ 15,000	\$45,000
Subtotal Expenditures	\$396,500	\$432,800	\$477,680	\$1,306,980
Fund Balance* (undistributed regional allocation)	\$ 29,946	\$ 23,594	-\$ 27,636	
Grand Total	\$426,444	\$456,400	\$450,050	
<p>*Fund Balance Justification:</p> <p>The White Mountain Apache Tribe Regional Partnership Council will anticipate consistent funding for the next three years, but not an increase in funding. As a result, the White Mountain Apache Tribe Regional Partnership Council will allow for a small fund balance at the end of every fiscal year to account for:</p> <ol style="list-style-type: none"> 1) Fluctuations in the market that might decrease the amount of funding available to the Region 2) An increase in the number of children and families wanting to participate in expanded programs and services 3) Support for the budget for the Dental Disease Prevention strategy in order to serve 75% of the population of children 6 months through 5 years by the end of Year 2012. <p>Additionally, the White Mountain Apache Tribe Regional Partnership Council anticipates a 10% increase in proposed service numbers and associated costs for FY2011 and FY2012. As a result, the White Mountain Apache Tribe Regional Partnership Council will seek discretionary funding in FY 2012.</p>				

Section VI: Discretionary and Public/Private Funds

The White Mountain Apache Tribe Regional Partnership Council understands that childhood obesity is a growing problem in the region with approximately 56% of children ages four and five being identified as overweight/obese. As a result, the White Mountain Apache Tribe Regional Partnership Council will continue to consult with local pediatricians and dietary experts to evaluate the potential usefulness of ongoing research regarding this issue in Native American communities. Should a model be developed that proves to be efficacious in the prevention of childhood obesity, the White Mountain Apache Tribe Regional Partnership Council will pursue discretionary funds to implement such a model in the region.

Due the anticipated increase in the proposed service numbers for three of the four strategies, the White Mountain Apache Tribe Regional Partnership Council will seek discretionary funds in FY 2012 in order to cover the increased expenses associated with serving a larger proportion of the population.